



**DECLARATION AND
 POWER OF ATTORNEY
 FOR UTILITY OR DESIGN
 PATENT APPLICATION
 (37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 21067Y

First Named Inventor Richard N. Pierson, III

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATING STRESS RESPONSE WITH CHEMOKINE RECEPTOR CCR5 MODULATORS

(Title of the Invention)

the specification of which

☐ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/22/2003 as United States Application Number or PCT International

Application Number PCT/US03/01874 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/350,868	01/22/2002	1242-52
60/365,097	03/18/2002	21067PV

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number
Bar Code Label here

Name	Registration Number	Name	Registration Number
Kenneth R. Walton	32,951	Valerie J. Camara	35,090

Direct all correspondence to: ☒ Customer Number or Bar Code Label

000210

Name	Kenneth R. Walton				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3462	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Richard N.

Pjerson, III

Inventor's
Signature

Richard N. Pjerson III

Date

6/20/03

Residence:
City

Ruxton

State MD

Country US

Citizenship US

Post Office
Address

Office of Technology Transfer, Vanderbilt University, 1207 17th Ave. S., Suite 105

City

Nashville

State TN

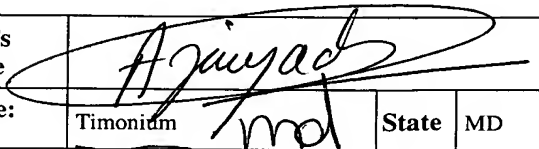
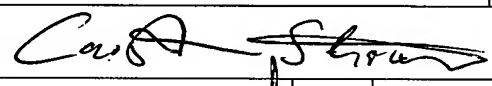

ZIP

37212

☒ Additional inventors are being named on the 2 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
2. Given Name (first and middle [if any])		Family Name or Surname						
Agnes M.		Azimzadeh						
Inventor's Signature						Date	6/23/03	
Residence: City		Timonium	State	MD	Country	US	Citizenship	FR
Post Office Address		Office of Technology Transfer, Vanderbilt University, 1207 17th Ave. S., Suite 105						
City		Nashville	State	TN	ZIP	37212		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
3. Given Name (first and middle [if any])		Family Name or Surname						
Carsten		Schroeder						
Inventor's Signature						Date	6/23/03	
Residence: City		Baltimore	State	MD	Country	US	Citizenship	DE
Post Office Address		Office of Technology Transfer, Vanderbilt University, 1207 17th Ave. S., Suite 105						
City		Nashville	State	TN	ZIP	37212		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
4. Given Name (first and middle [if any])		Family Name or Surname						
Julie A.		DeMartino						
Inventor's Signature						Date	July 23, 2003	
Residence: City		Westfield	State	NJ	Country	US	Citizenship	US
Post Office Address		Merck & Co., Inc., P.O. Box 2000						
City		Rahway	State	NJ	ZIP	07065-0907		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature						Date		
Residence: City			State		Country		Citizenship	
Post Office Address		Merck & Co., Inc., P.O. Box 2000						
City		Rahway	State	NJ	ZIP	07065-0907		